



**CENTERS FOR MEDICARE & MEDICAID SERVICES**

---

**DATE:** October 17, 2014

**TO:** Medicare-Medicaid Plans

**FROM:** Kathryn A. Coleman  
Acting Director, Medicare Drug & Health Plan Contract Administration Group,  
Center for Medicare

Tim Engelhardt  
Director, Models, Demonstrations and  
Analysis Group, Medicare Medicaid Coordination Office

**SUBJECT:** Contract Year 2014 Chronic Care Improvement Program and Quality  
Improvement Project Information for Medicare-Medicaid Plans

The purpose of this memorandum is to provide Medicare-Medicaid Plans (MMPs) with information about the contract year (CY) 2014 Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) initial Plan section submissions.

Under the Financial Alignment Initiative, CMS is seeking to advance an integrated quality and performance improvement program in which MMPs submit a single set of quality and performance improvement projects that meet the requirements and needs of both CMS and the states, avoid unnecessary duplication, and reduce burden for plans.

Managed care organizations that participate in Medicare and/or Medicaid are required by regulation<sup>1</sup> to develop and implement quality/performance improvement programs and related projects. Under Medicare Advantage (MA), plans are required to conduct and report on: (1) a quality improvement project (QIP) that addresses specified clinical and/or non-clinical areas of health care that would improve health outcomes for enrollees; and (2) a chronic care improvement program (CCIP) that targets MA enrollees with multiple or sufficiently severe chronic conditions. Under Medicaid, plans are required to conduct performance improvement projects (PIPs) to assess and improve processes and, ultimately, outcomes, of care. Both QIPs and PIPs use a continuous quality improvement model to identify quality problems, implement

---

<sup>1</sup> 42 CFR 422.152 and 42 CFR 438.240, respectively

interventions, evaluate the results, and develop system-wide changes to increase and sustain improvements.

To accomplish CMS' goal of an integrated quality and performance improvement program under the capitated financial alignment model, MMPs will submit all required quality and performance improvement projects outlined in the three-way contract, including CCIPs, PIPs and QIPs, via the HPMS Plan Reporting Module for joint review and approval by CMS and the respective state. Through the HPMS module, MMPs will submit at least two (2) improvement projects: one that will satisfy the general Medicare QIP requirements and one focused on chronic care to satisfy the Medicare CCIP requirements. The ultimate number of topics an MMP will be required to submit and the topics for each will be determined by each state, in consultation with CMS, and provided to MMPs via HPMS under separate cover. We note that MMPs will not be subject to the same mandatory topics as MA-PD plans.

All MMPs whose contracts were first effective at any point in CY 2014 must submit a CCIP and QIP as part of the broader Medicare Advantage Organization (MAO) CCIP and QIP Annual Update and Initial Plan submission via the HPMS Plan Reporting Module. The window for submissions will be from November 17 through November 25, 2014. CMS will conduct training for all MAOs on October 21, 2014; please see the HPMS memo dated October 8, 2014 for more information on this training. Note that although this training addresses the Medicare Advantage requirements, it will provide MMPs with a general understanding of the HPMS Plan Reporting Module and submission process.

Please contact the Medicare-Medicaid Coordination Office at [mmcocapsmodel@cms.hhs.gov](mailto:mmcocapsmodel@cms.hhs.gov) if you have any questions.